



Genetic Epidemiology of Prostate Cancer in Africa

Control Eligibility Form

1. Today's Date: / /
Day Month Year
2. Age (years) **Eligible:** ☐ Yes (30 years of age or older) ☐ No (less than 30 years of age)
3. Black, African ancestry? (**Eligible if self-identifies with Black, African ancestry**) ☐ Yes ☐ No
Eligible: ☐ Yes ☐ No
4. Male resident of geographic region where recruitment is taking place? (*Eligible if male resident of region where recruitment clinic is located*)
 Yes ☐ No ☐ **Eligible:** ☐ Yes ☐ No
5. Diagnosed with any type of cancer? (For skin cancer, only a diagnosis of melanoma is relevant here)
 Yes ☐ No ☐ If yes, name type of cancer(s) and year of diagnosis.
Year of Diagnosis
 If yes, name type of cancer(s) and year of diagnosis.
Year of Diagnosis
Eligible: ☐ Yes (If no other previous cancer diagnosis) ☐ No (Previous cancer diagnosed)
6. Please check Department where subject/control was approached for the research study. (**Must have been approached at one of the following to meet eligibility**)
- | | | |
|--|--|--|
| <input type="checkbox"/> Orthopaedic | <input type="checkbox"/> General surgery (not including urology) | <input type="checkbox"/> Dermatology |
| <input type="checkbox"/> Internal medicine | <input type="checkbox"/> Gastrointestinal | <input type="checkbox"/> Cardiology |
| <input type="checkbox"/> Family medicine | <input type="checkbox"/> Geriatrics (Elderly services) | <input type="checkbox"/> Ophthalmology |
| <input type="checkbox"/> Blood Donation Services | | |
- Institution where Department is located
- Eligible:** ☐ Yes ☐ No
7. Did participant pass cognitive assessment? (*Eligible if passed cognitive assessment*)
 Yes ☐ No ☐ Score **Eligible:** ☐ Yes ☐ No

To be eligible as a control must have checked "Yes" for ALL black shaded eligibility boxes

If please write below participant's name, medical record number (MRN) and mobile phone number. The information below will remain at the local center only and not distributed elsewhere.

Participant's Last Name

Medical Record Number (MRN)

+

Country Code

Mobile Number

Participant's First Name

Study ID

Entered by Initials: (Office Use)